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Date of Deposit: 08/21/2003

Ref: Case Docket No.: P3803

First Named Inventor: Mario D. Nemirovsky

Serial Number: 09/312,302

Filing Date: 05/14/1999

Title of Case: Interrupt and Exception Handling for Multi-Streaming Digital Processors

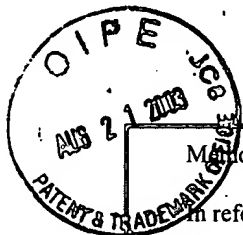
I hereby certify that the attached papers are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and addressed to the Commissioner of Patents and Trademarks, Washington D.C. 20231

1. Response C.
2. Response transmittal.
3. Duplicate Response transmittal.
4. Certificate of express mailing.
5. Postcard listing contents.

Mark A. Boys

(Typed or printed name of person mailing paper or fee)

(Signature of person mailing papers or fee)



08-2503

2154

Method of Transmission: EV315085898US

CASE DOCKET NO. P3803

In reference to application of Mario D. Nemirovsky et al.

Serial No. 09/312,302

For Interrupt and Exception Handling for Multi-Streaming Digital Processors

Sir:

Transmitted herewith is and an amendment in the above-identified application, under 37 C.F.R. 1.312.

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- ☒ No additional fee is required.  
☐ Applicant claims Small entity status under 37 CFR 1.27.  
☐ The fee has been calculated as shown below.

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**** CLAIMS AS AMENDED ****							
(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest No. Paid For Previously	(5) Present Extra	(6) Rate Small Entity	(7) Rate Large Entity	(8) Additional Fee
Total Claims	42	Minus	** 42	0	\$ 9	\$ 18	\$ 0.00
Indep Claims	3	Minus	*** 3	0	\$ 42	\$ 84	\$ 0.00
<input type="checkbox"/> First presentation of a multiple dependent claim					\$ 0	\$ 0	\$ 0.00
<input type="checkbox"/> Terminal Disclaimer Fees							\$ 0.00
Extension Fee	<input type="checkbox"/> 1st Month		<input type="checkbox"/> 2nd Month		<input type="checkbox"/> 3rd Month		\$ 0.00
Total additional for claims, time extensions and disclaimer fees							\$ 0.00

\*\* If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

\*\*\* If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

\*\*\*\* Multiple dependencies, if any, included in the above calculation.

\* If the entry in column 2 is less than the entry in column 4, write "O" in column 5.

☐ A check in the amount of 0.00 is attached.☐ Charge \$ 0.00 to deposit account 50-0534. (A duplicate of this sheet is enclosed)☒ Please charge any additional fees or credit overpayment to Deposit Account 50-0534. A duplicate of this sheet is enclosed.

Respectfully Submitted,

  
Donald R. Boys  
Reg. No. 35074

Donald R. Boys  
Central Coast Patent Agency, Inc.  
P.O. Box 187  
Aromas, CA 95004  
(831) 726-1457